



THE STATE OF THE CHILD IN 2020

COVID-19 EDITION



Tennessee
State Government



TENNESSEE COMMISSION ON
CHILDREN & YOUTH

The State of the Child in Tennessee 2020: COVID-19 Edition

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The State of the Child in 2020, COVID-19 edition

It has been a challenging year, in many ways unprecedented in most of our lifetimes, but in many ways a familiar story. The challenges are especially difficult in the pandemic, but the effects are similar to those we see after a natural disaster or in a recession. Children's well-being is down across the board, but the most vulnerable children—so known because they are most vulnerable to effects of societal challenges—have been affected the most. The gaps in child well-being that exist for children who live in poverty and children who are racial and ethnic minorities and children with disabilities and children with multiple Adverse Childhood Experiences (ACEs) grow larger during difficult times. And this year of COVID-19 has proved to be a very difficult time. Children who are vulnerable on multiple fronts have suffered sometimes catastrophic reductions in well-being.

When we look at child well-being, we look at four main areas: economic well-being, education, health and family & community context. Each of these areas has been profoundly affected by the COVID-19 pandemic and the resulting disruptions to regular daily life. Data is still hard to come by because we are still in the middle of the pandemic. It will be some time before the effects can be fully measured.

But we have some information and some data to guide us as we look forward to emerging from this international traumatic experience, and it is important that we make use of the guidance offered by that data. Because much of the data is frequently changing, dashboards and data pages that are kept updated are linked throughout the report and should provide access to the most updated numbers at any time.

In *Kids, Families and COVID-19: Pandemic Pain Points and the Urgent Need to Respond*, the Annie E. Casey Foundation (AECF) examines Census "pulse" data from surveys taken throughout 2020 to get a first take on the effects of the pandemic on children and families. This report looks at the same data at the state level to gauge the challenges Tennessee is facing in recovering from the effects of COVID-19 and to highlight policies that can help. All of the Census pulse data is available on the [KIDS COUNT data center](#).

Economic Well-Being

One of the most immediate effects of people suddenly, simultaneously staying "Safer at Home" for the pandemic was reductions in business revenues and temporary or permanent layoffs from jobs. The Sycamore Institute took a comprehensive look at the economic effects of COVID-19 in Tennessee in an August report entitled [Coronavirus Recession: Tennessee's Most Vulnerable People, Places, and Employers](#). The Five Key Takeaways they reported were:

- One in five Tennessee businesses operated in the most at-risk industries last year: restaurants and bars, sensitive retail and manufacturing, travel and transportation, personal services, and entertainment.

- Those businesses employed one in four private sector workers in our state, a population that earns 40% less than average and is more likely to be minority, young, and have less education.
- Recent surveys affirm that COVID-related job cuts have hit black Tennesseans and the youngest workers disproportionately hard.
- The consequences of joblessness can be significant for financial and emotional well-being, and more industries will likely be affected the longer it takes to control the virus' spread.
- Policymakers may want to consider issues related to unemployment insurance, digital barriers to assistance, small business viability, personal debt, labor force effects, schools and working parents, loss of job-based health insurance, and mental health.

The report also included a map showing the counties with the most vulnerability to these economic effects.

In 20 Tennessee Counties, the Industries Most At-Risk from COVID-19 Employ at Least 20% of the Workforce

Percent of Workforce Employed in Industries Vulnerable to COVID-19's Economic Effects (May 2019)



Note: Includes workers employed in restaurants and bars, sensitive retail, sensitive manufacturing, travel and transportation, personal services, and entertainment. For 12 counties, the number of people working in these industries was too small to be reported due to privacy concerns. The data for these counties are included, however, at higher levels of aggregation (e.g. state totals).

Source: The Sycamore Institute's analysis of data from the U.S. Bureau of Labor Statistics

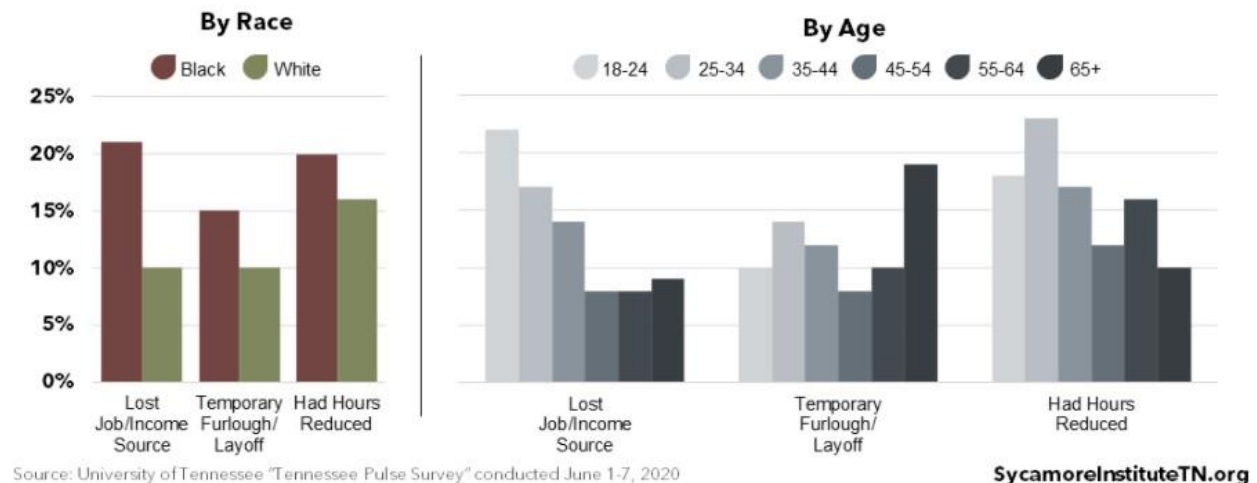
SycamoreInstituteTN.org

Census pulse surveys, which include data from the week of April 23, 2020 through the week of October 12, 2020, showed over half of Tennessee adults living in households with children experienced loss in employment income in all weeks of the survey. For those not working, 9 in 10 were not receiving any pay. Less than 5 percent received full pay while not working. The percentage employed in the previous week ranged in the 50s throughout the spring and summer, but rose to closer to two thirds in the early fall. Signs of new trouble began to show in the last week of the survey, with the percentage of adults in households with children who worked in the previous 7 days dropping back to 62 percent.

As reported by the Sycamore Institute, Tennessee pulse surveys over the summer showed that employment losses were especially bad for people of color and for younger workers. This charted employment data is among all families and not just families with children.

Tennessee Workers Who Are Black or Young Were More Likely to Report COVID-Related Job Losses and Reduced Hours

Percent of Survey Respondents Reporting Adverse Job-Related Actions Due to COVID-19 (Jun 1-7, 2020)



Tennessee households with children who reported they sometimes or often did not have enough food before mid-March ranged from 10 to 16 percent. Families with children reporting sometimes or often lacking enough food after March ranged from 11 to 18 percent over the period of the survey. This marks a small but persistent increase over pre-pandemic times. The percentage of Tennessee households with children who lacked confidence in their ability to make their next mortgage payment rose to over 1 in 4 through the summer. This percentage fell back to less than 1 in 5 in the fall, but housing insecurity remains and is likely to increase through the winter.

Tennessee Policy Responses

Governor Bill Lee established the Economic Recovery Group (ERG) in April 2020, a public-private partnership that prioritizes connection, collaboration, and communication across industries, the medical community and state government to safely reboot Tennessee's economy. Working with the state's departments of tourism, economic development, and revenue, members of the Tennessee General Assembly, and business leaders, ERG crafted the Tennessee Pledge, specific industry guidance to safely reboot the state's economy that avoided mandates.

Tennessee's [Stimulus Funding Related to COVID-19](#) website inventories what it calls "portions" of CARES Act funds distributed in the state, and identifies almost \$15 billion in direct and pass through funds. According to the Sycamore Institute report, "policymakers

have been forced to make swift decisions that affect people's physical, economic, and mental well-being — all with limited information and tremendous uncertainty. The substance, timing, and impact of those decisions have varied widely across the U.S.”

The report goes on to list state and federal responses, including:

- Congress has approved significant relief funding for people, businesses, state and local governments, and other organizations. The largest of these to date is the Coronavirus Aid, Relief, and Economic Security (CARES) Act. It authorized one-time payments to adults below a certain income threshold, greater unemployment benefits, free testing and treatment for COVID-19, forgivable loans to keep businesses afloat and workers on the payroll, emergency funding for the health care system, and direct aid for state and local governments. There is evidence that these efforts have eased the economic burden of the pandemic. More federal relief may follow, but talks have so far broken down along party lines.
- Tennessee modified its unemployment benefits to provide swifter assistance to those out of work, but implementation challenges remain. For example, the state waived its usual one-week waiting period. The initial surge of new unemployment claims, however, overwhelmed the system and left many waiting for weeks without income even into late May. Around that same time, Tennessee began using federal CARES Act money to pay unemployment benefits amid concerns that the surge in claims might strain the state's regular source of funds.
- Tennessee is using federal dollars to support emergency relief for working families and some businesses. For example, the state is paying child care assistance for

Highlighting Successful Programs

The Tennessee Department of Human Services partnered with YMCA and Boys and Girls Clubs of Tennessee to provide free child care to essential workers during spring shutdowns and then continuing through the summer and into the school year.

The program defines essential workers as "Employees of a healthcare entity, law enforcement, first responders (EMS, Fire Departments, etc.), corrections officers, military, activated national guard, human and social services workers, postal workers, transportation employees, restaurant workers or grocery workers."

Free childcare at the temporary YMCA and Boys & Girls Club locations applies to any essential worker listed under Gov. Bill Lee's Executive Order 22.

[A discussion of state programs aimed at easing financial hardship](#) due to COVID-19 can be found at kidcentraltn.com

essential workers and emergency cash assistance for families with few resources whose incomes have been significantly affected by coronavirus. The money for these initiatives comes from Temporary Assistance for Needy Families (TANF) and the Child Care Development Fund (CCDF). Tennessee is also using CARES Act money to assist small businesses affected by closures and counties, cities, and nonprofits responding to COVID-related needs.

- Tennessee has also taken steps to connect the unemployed to industries that need workers. Many employers around the country were forced to make tough decisions about managing their cash flow. A surge in business at others, however, led to temporary hiring and pay increases to meet demand (e.g. grocery stores, prepared food, and delivery services). The newly-formed Tennessee Talent Exchange is a public-private partnership between the state and industry associations to rapidly connect people who need jobs with employers that want to hire.

Tennessee's Economic Situation



Governor Lee began budget hearings in November. There was good news and bad. In the spring, the administration had asked Tennessee departments to propose 12 percent budget cuts for FY 20-21 in anticipation of starkly reduced tax revenue. Planned raises for employees and teachers and some new program expenditures were put off. But revenue numbers so far have held strong, with Tennessee's broad-based sales tax, including 4 percent on groceries, suffering little in the precarious economy.

In an [economic overview](#) offered by the University of Tennessee's Boyd Center for Business and Economic Research Director Dr. Bill Fox and Tennessee Department of Revenue Commissioner David Gerregano at the start of Governor Lee's budget hearings, both said Tennessee's economy and tax revenues are doing better than expected but concerns remain as federal stimulus runs out. Commissioner Gerregano specifically noted that Tennessee normally pays about \$200 million a year in unemployment insurance benefits but paid over \$6 billion this calendar year, which helped sales tax collections enormously. He also made clear that the state's franchise and excise tax revenues are increasingly volatile and difficult to predict. Dr. Fox pointed out that durable goods and houses were

doing well but hospitality, services and small retailers are hard hit and may be facing industry-changing trends.

The message of the overview was caution. Tennessee's revenues have not been seriously adversely affected yet, but the state is not out of the woods and future revenues may still suffer. Governor Lee's FY 21-22 budget will not be released until after the first of the year, but it will likely reflect that caution, reducing support for children and families at a moment when many need it most.

The Census pulse data showed that more than 1 in 10 Tennessee families with children believes they may be evicted from their homes within two months because they cannot make rent or mortgage payments. Over 40 percent report difficulty paying for regular household expenses.

Challenges Going Forward

The lowest-paid workers with the least economic security have dominated unemployment so far through the pandemic and their jobs are most likely to be at risk of not returning. These workers are in the tourism industry, hospitality and amusement services, small non-chain retail businesses and local government services. Without additional federal stimulus, it is not clear how long these industries will take to recover and whether they will employ as many people as they once did.

These economic issues are more difficult to address at the state level because policy prescriptions mostly involve direct payments, and states cannot deficit spend in an emergency like the federal government can. The Sycamore Institute report did make some recommendations that help the flow of federal money to individuals, especially to lower income individuals. These include improvements to unemployment insurance administration, as technical problems and delays were a serious issue earlier in the year, and alternatives to online applications and check-ins to ensure people without reliable internet access can still receive regular program benefits.

Education

Education has been thoroughly disrupted by COVID-19 closures. The ways that Tennessee school districts have addressed COVID-19 vary, just as approaches have varied widely among states. Regardless of the approach, however, teachers and parents are overextended, and students who need the most instruction and support are not getting it at the levels they generally do.

Students across the state lost the last few months of the 2019-20 school year. Without time to prepare for closures, most schools moved into voluntary meetings and limited online instruction. Many students had no access to technology for online instruction and many parents were scrambling for child care and resources and could not do much to help.

Public school attendance requirements were waived, and TNReady spring testing was cancelled. As pandemic dangers continued into the summer, no efforts could be made to catch up before fall.

When fall came, COVID-19 was still going strong, with the threat of a new surge through the winter. Schools across the state have made a variety of decisions on how students attend, including virtual, hybrid and in-person. Most districts give parents some choice in whether or not to attend in person when it is offered.

Most districts are using a hybrid parent choice instructional model, though several are using other options and some have changed throughout the year. Some districts have prioritized in-person attendance for students with disabilities, students who speak English as a second language and for elementary school students, as these are the children least likely to thrive in virtual school. For the period between Thanksgiving and Christmas break, the instructional model breakdown for Tennessee school districts is shown below. [Data is from the Department of Education website, which keeps it up-to-date and includes reported COVID-19 infections in schools.](#)

Highlighting Successful Programs

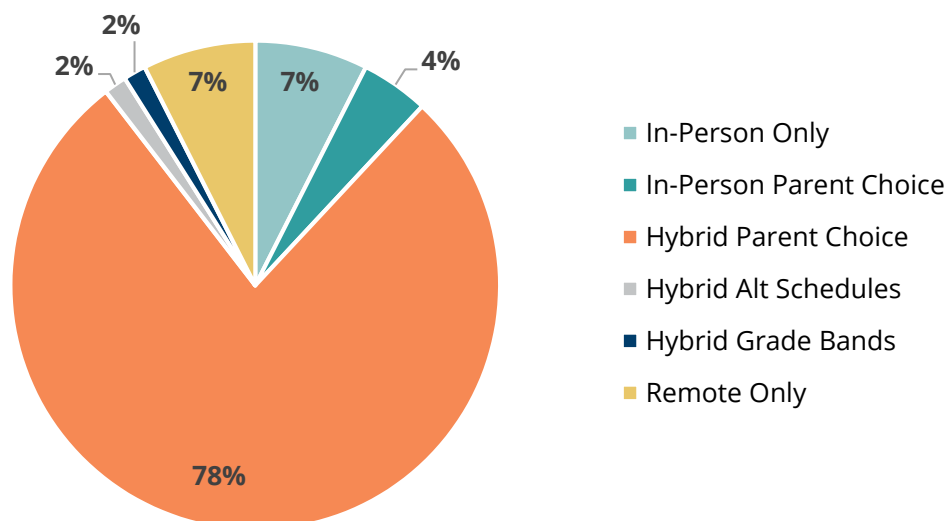
In response to hundreds of requests for exemptions at the beginning of the school year, The Tennessee Department of Education updated its guidance on virtual learning from child care facilities to help children and families access remote learning successfully.

"The impact of the COVID-19 pandemic has created many challenges over the past several months and many opportunities to approach the delivery of services in different ways. Thank you for remaining flexible and attentive to health and safety protections, while also remaining responsive to family needs," the guidance reads.

The state department was able to move forward with the decision after receiving information from the U.S. Department of Health and Human Services Administration for Children and Families Office of Child Care, according to the guidance.

District Instructional Models

T



The Tennessee Department of Education has responded to COVID-19 with a balance of flexibility and accountability and an eye toward expected long-term learning losses. Every school district was required to file a Continuous Learning Plan (CLP) with the department over the summer outlining instructional models for the fall. Each district's [approved CLP is available to the public](#) on the TDOE website.

The department keeps [updated guidance on reopening](#) from both state and federal agencies on its website for districts and the public to access. In response to challenges faced by districts, the state has offered expanded allowable uses of [Remote Learning Technology Grants](#). These expanded categories provide for flexibilities on potential allowable expenses. While the original grant program focused solely on device purchases, the expanded uses may now include any of the below categories (mirrored from federal guidance):

- expanding broadband capacity;
- developing an online curriculum;
- acquiring computers and similar digital devices.

Highlighting Successful Programs

The Governor's Early Learning Foundation (GELF) partnered with the Tennessee Department of Education and the Scholastic Book Company to provide over half a million free grade-appropriate books and activities to be delivered directly to the homes of students and teachers in participating K-3 schools. "Now more than ever we are committed to our mission of strengthening early literacy in Tennessee by supporting our students and teachers with high-quality resources," said James Pond, GELF president. "Together with Scholastic and our state partners, we can work to prevent the 'COVID slide,' and create a community classroom to foster lifelong learners and to support students, teachers and families during this time."

Thus far, the focus during the pandemic has been to keep learning as "normal" as possible and provide funds and flexibility for districts to choose the best way to provide services. Without assessments at the end of last year and with assessments in the spring of 2021 still undecided, it is hard to gauge how much learning is taking place and who is losing ground.

Tennessee's Education Situation

Education Commissioner Penny Schwinn and Governor Bill Lee presented data in late September estimating that third-grade reading and math proficiency levels may regress by as much as 50 percent as a result of pandemic learning loss. The data caused some controversy as it was ultimately revealed to be based on estimates made by a national organization using pre-pandemic data from Tennessee and other national outcome data to predict pandemic effects. While it is important for data sources to be fully understood, the data itself was the best available for the projections and offered valuable insight. No one expects Tennessee students to emerge from this pandemic without learning losses, and all

past data and experiences tell us that the most vulnerable students will lose the most. It is wise to plan accordingly.

According to Census pulse data, about 1 in 10 families with children enrolled in public or private school reported inadequate internet access for educational purposes. Closer to 2 in 10 reported lack of a computer or appropriate device

89% report adequate internet access

88% report an available computer or digital device

83% report both are usually or always available

in the spring of 2020, but efforts to mitigate this resulted in that number falling to about 1 in 10 in the fall. The number of families reporting simultaneous adequate access to both internet and appropriate digital devices has stayed close to 8 in 10. Five percent of Tennessee families with children enrolled in school reported using internet services paid for by their school.

In some good news from the spring, the Tennessee Department of Education recently [released ACT state results](#) and participation rate for the 2020 graduating class. Participation remained relatively stable with 62,564 graduates taking the ACT, and the state average composite ACT score was 19.9, also relatively stable from the average composite score of 20.0 for the 2018-19 graduating class. “Despite so many changes and challenges during 2019-20 school year, we are incredibly proud to report the state’s ACT participation rate held steady for 2020 graduates. This did not happen by accident,” said Commissioner Penny Schwinn. “While we can all agree that we must continue the work to improve our student’s scores on the ACT, maintaining strong participation this year is a testament to the hard work of our districts, schools and educators across the state in supporting their students through an unprecedented pandemic.”

Challenges Going Forward

Recent data from other states points to the difficulties students are facing with virtual learning, especially those with fewer resources and more educational risk factors. Maryland reports first quarter failure rates in math and English among low income families that are as much six times normal rates. Fairfax County, Virginia schools [recently reported](#) “between the last academic year and this one, the percentage of middle school and high school students earning F’s in at least two classes jumped by 83 percent: from 6 percent to 11 percent. Further, their data shows that “the most vulnerable students — children with disabilities and English-language learners — are suffering the most.”

According to a [Washington Post story](#), Montgomery County, Virginia has seen similar results.

Among sixth-graders taking math, Hispanic students from low-income families fared worst, with last year's failure rate of 4 percent soaring to nearly 24 percent this fall. Least affected among the sixth-graders in math was a category that included White and Asian students from families not identified as low-income. Last year, less than 1 percent of that group failed the first marking period, and this year it was slightly more than 1 percent.

Overall, students in special education experienced significant spikes in failing grades. In sixth-grade math, fewer than 6 percent of students in special education failed last year — compared with nearly 16 percent this year. In ninth-grade English, the failure rate jumped from 6 percent to 32 percent.

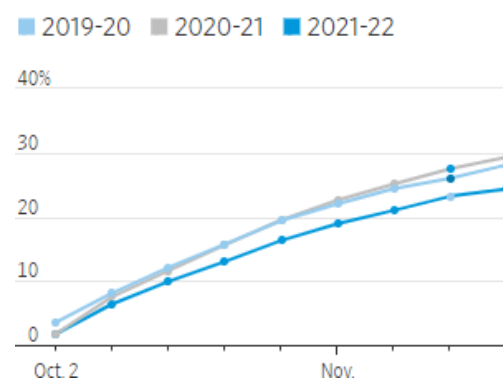
The same story discussed results from an Arlington, Virginia assessment of kindergarten reading skills and found that “the share of Hispanic students meeting the benchmark dropped nearly 15 points, to 60 percent, while the percentage of Black students hitting the mark dropped by roughly 10 points, to 78 percent. The results for English learners in the first and second grades fell even more precipitously, with drops of 26 to 30 points.”

Very recent data suggests that young adults may be putting off college enrollment in the midst of pandemic uncertainty. The [Wall Street Journal reports](#) that financial aid applications are down nearly 17 percent compared to this time last year. Anecdotal data suggests that young adults are worried about finances and uncertain about their economic futures, while they are also unsure that online college is a choice they want to make. In many cases, decisions may simply be deferred for the moment.

All of the data and research suggests that Tennessee will desperately need two things going forward: state data and supplementary services for our most vulnerable students. If vaccination happens as contemplated and if infection rates slide in the late spring as one might hope, Tennessee should strongly consider conducting TNReady tests at the end of the 2020-21 school year. Results obviously should not count against any teachers or schools, but current information on actual Tennessee student performance will be key going forward. Further, catch-up, in-person learning programs should be made available over the summer of 2021 to try to close some of the expected gaps.

Financial Aid Falloff

Estimated cumulative percentage of U.S. high school-seniors who submitted the Fafsa form for college aid.



Health

Health is obviously a top concern during a pandemic. With children and families experiencing stressors far outside normal and having less access to care than usual, emotional and mental health needs are also an important health consideration.



Children and young adults have had fewer poor outcomes as a result of COVID-19 infections than have older adults. It is hard to know just how often young people are infected, as they frequently experience few if any symptoms and so are less likely to seek testing and treatment. The likelihood of seeking care and treatment can vary with health insurance coverage.

Tennessee has in recent years seen increasing percentages of children lacking health insurance, from the state's low of 3.7 percent in 2016 to the most recent available measure of 5.1 percent in 2018. Tennessee expanded Medicaid coverage over a decade before the Affordable Care Act, but the state was paying its regular portion of the cost (about a third) and could not sustain it. Under current legislation, the federal government pays 90 percent of the cost of insuring the Medicaid expansion population.

When the expansion was undone in Tennessee, children still retained access to some expanded coverage. In addition, CHIP covers many children who do not otherwise have health insurance. Nonetheless, some Tennessee children remain uncovered, and that percentage is growing. If COVID-19 continues to cause volatility in job markets, more families may lose access to the employer-based coverage they depend on, and more children will lose access to care.

Census pulse data shows that in the early days of the pandemic when employment levels were fluctuating rapidly, 1 in 5 adults in households with children lacked health insurance. As employment stabilized some through the summer, this fell to about 1 in 6. Similar data shows that before the pandemic about 1 in 10 parents (rather than the wider group of adults in households with children) lacked health insurance.

Over 40 percent of adults with children in the household reported putting off medical care because of COVID-19 during the year, while about 1 in 3 skipped needed care. In the most recent surveys, this number has dropped to a third delaying care and a little more than a fourth missing care entirely. This may have health consequences down the road as preventive health care is the least expensive and most effective way to address many chronic conditions, and early screening and treatment can reduce mortality and morbidity from illnesses like heart disease and cancer.

Tennessee Policy Responses

As in most states, Tennessee mental health providers have moved much of their service provision to online telemedicine during the pandemic. Data on the numbers of people using these services and their effectiveness compared to in-person services during COVID-19 are not yet available. Past data suggests that an online counselor can be more helpful to an adolescent in crisis than to a younger child in behavioral therapy, but results of this shift in services will take some time to measure.

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) has continued its crisis hotline services during the pandemic and has developed some new programs. These include an emotional support line for front-line and emergency workers (that was recently expanded to include teachers) and the Tennessee Recovery Project, a partnership with Centerstone to provide counseling and resource connection services to 21 middle Tennessee counties. The latter is funded by a grant from the Federal Emergency Management Agency (FEMA). TDMHSAS provides [updated information](#) on best practices and on resources, including for [children and adolescents specifically](#), on its website.

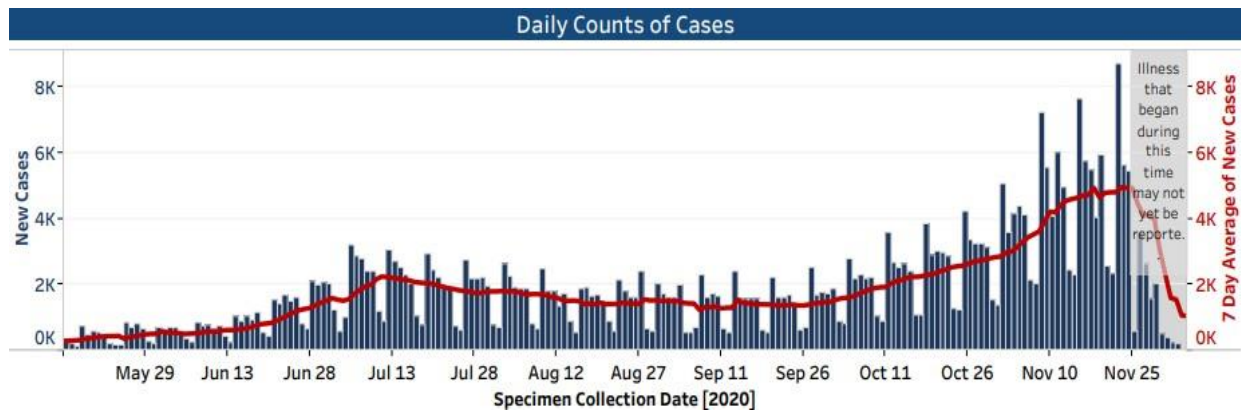
Tennessee's COVID-19 Situation

Tennesseans have had a slightly above average risk of contracting COVID-19 but a slightly below average risk of death compared to other states. [The New York Times keeps an updated count of both diagnoses and deaths](#). Tennessee's infection rate is 5.7 percent, compared to 4.4 percent nationally, and the state's death rate (among the total population) is .72 percent, compared to .85 percent nationally. Tennessee is among 39 states plus DC that are currently characterized with COVID rates that are "high and staying high." However, Tennessee is currently NOT among the 45 states plus DC characterized as having "new deaths increasing."

Highlighting Successful Programs

The Tennessee Recovery Project is a FEMA-funded collaboration between the Department of Mental Health and Substance Abuse Services and Centerstone to provide referral services and counseling to 21 middle Tennessee counties. Launching in August, the project provided services to almost 120,000 people in its first two months.

"Our team is here to provide practical and emotional support that will help lessen the long-term, negative effects of COVID-19, with an emphasis on emotional well-being," said Sherry Randles, Centerstone's Director of Mobile Crisis Services in Tennessee. "We are promoting resiliency and recovery for Tennesseans, educating individuals and leaders on ways to cope and connect with local services as we get through this pandemic together."



For the most recent Tennessee data, the [Tennessee Department of Health COVID-19 dashboard](#) has state, regional and county COVID-19 summaries, as well as data broken out by different populations, like pregnant women and school-age children. The dashboard also has a [disparities section](#) with breakdowns by race and ethnicity. This section includes cases, hospitalizations and deaths, further broken down by age and gender, for both the African American and Hispanic populations in Tennessee. Maps show regional differences in death rates for these groups. There is a wealth of COVID-19 data on TDOH dashboards.

Tennessee has seen a sharp increase in new cases over the past few weeks. The most recent, post-Thanksgiving rates likely do not yet capture all current cases, as there are generally some lags in the timing between contracting COVID-19, becoming symptomatic, getting tested and receiving a diagnosis.

Cases among children are harder to judge because many children are asymptomatic or have only mild symptoms and may not get tested or diagnosed. Nonetheless, the [American Academy of Pediatrics has been tracking reported cases of COVID-19 among children](#). Tennessee and South Carolina are the only two states that include youth up through age 20 in the child data, but about half the states include youth up through age 19. Through November 26, 2020, Tennessee reported just under 65,000 cases of COVID-19 among children and youth. This marks 18.3 percent of total cases, which makes Tennessee second behind only Wyoming in the percent of total cases that are children. This likely bears some relationship to the ages included in the child category, though, as South Carolina is right behind us at 18.2 percent. Tennessee's age range likely also contributes to the fact that the state is third in total child cases, behind only California and Illinois.

According to the [TDOH dashboard](#), Tennessee has had six COVID-related deaths among children under age 21 through December 5, 2020. Among just school-age children (age 5 to 18), 14- to 18-year-olds account for over half of all cases, so older teens are definitely a higher risk group and 19- and 20-year-olds probably do add an outsized number of cases to the child total.

[The dashboard focused on disparity data](#) shows that African Americans (all ages combined) make up 17 percent of the state population and 16 percent of COVID-19 diagnoses. At the same time, they are 29 percent of hospitalizations and 23 percent of deaths. There has been one death among black children in Tennessee, in the 11 to 20 age group. Men make up 47 percent of African American hospitalizations and 54 percent of deaths.

People reporting Hispanic ethnicity make up 5 percent of the state's population and 11 percent of cases. They are 10 percent of hospitalizations and 5 percent of deaths. There have been two deaths among Hispanic children, both in the 0 to 10 age group. Men make up 54 percent of Hispanic hospitalizations and 70 percent of deaths.

Since COVID-19 is a novel (new) coronavirus, we really do not know the long-term health consequences of infection. There is little evidence children are suffering long-term health effects, but this may not be known with a high level of confidence for some time.

Highlighting Successful Programs

Tennessee has been selected as one of four states to participate in a pilot program for delivery of the Pfizer Inc. COVID-19 vaccine now under development. This program is designed to address distribution challenges posed by requirements for ultra-cold storage of the vaccine.

"We have a robust plan in place for distribution of this vaccine, and we're honored to be chosen to help establish a model for other states in providing COVID-19 vaccine to their residents once it's approved," said Tennessee Health Commissioner Lisa Piercey, MD, MBA, FAAP.

Tennessee will participate in the pilot along with New Mexico, Rhode Island and Texas, states chosen based on their differences in size, population diversity and immunization infrastructure. Lessons learned through this program will help support all states in development of effective immunization programs for this COVID-19 vaccine.

Tennessee's Health Situation

Though children and youth have not had as much difficulty with COVID-19 infections, and especially with serious infections, their increased time at home, lack of in-person interaction with their friends and peers, changes to instructional models and workloads for school and other stressors of a pandemic have affected their mental and emotional health. Resources and supports students access through school are less available than they typically would be. At the same time, it is common to put off office-based non-emergent care as people try to avoid the virus. Parents and other adults in the household also have their share of stress and mental health challenges related to COVID.

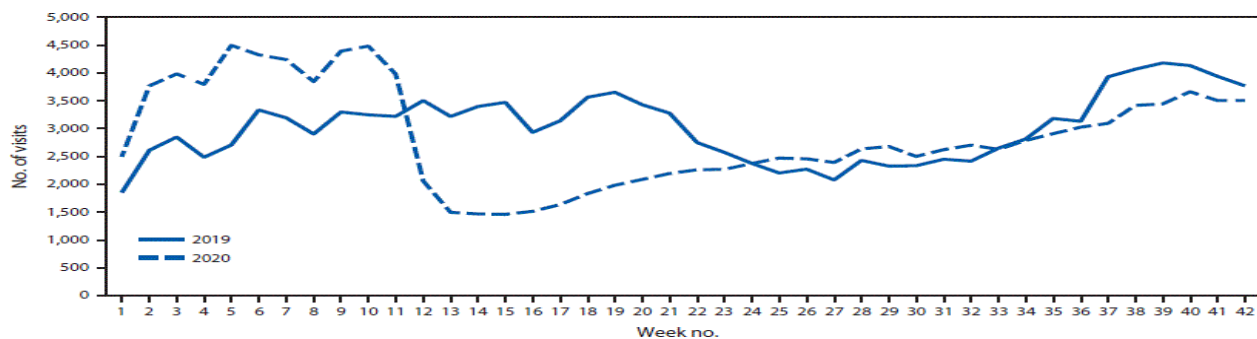


Census pulse data shows that almost a third of Tennessee adults in households with children felt nervous, anxious or on edge more than half of the previous seven days, down from over 40 percent in late summer. At the same time, just one in five described themselves as down, depressed or hopeless in the previous seven days, an improvement from closer to a third in late summer.

Prior to the pandemic, there is evidence that Tennessee was improving in making services available to its citizens. In an [annual ranking by Mental Health America](#), Tennessee improved from 39th to 28th among states on this measure, though the most recent data is from 2018. Mental Health America offers an online screening program. People choose to use the screening tool themselves, so data are not based on any kind of random sample, but they can be compared to previous years' use of the same tool. Mental Health America discusses what they see in this data from 2020 in a [supplement to their state report](#). Their data suggests that more young people are taking the assessment than in years past, and their depression, anxiety and suicidal ideation have increased compared to past years.

The Centers for Disease Control (CDC) [tracks emergency room visits](#) along with age and symptoms reported. They show that children initially had higher numbers of mental-health-related emergency room visits in 2020 versus 2019, with a steep drop-off when COVID-19 closures began. The numbers began to match 2019 again over the summer but have recently fallen again as a new surge of cases sends many families back into their homes. The CDC [reports this data](#) without significant analysis but noting that emergency departments are not ideal for mental health care.

Weekly number of emergency department mental health–related visits among children aged <18 years — National Syndromic Surveillance Program, United States, January–October 2019 and 2020



There is not much data on how children who do not seek mental health care are faring, and much of what there is comes from other countries. There was an [early survey of adolescents](#) in the US showing increased depression and insecurity. A [review of international data](#) (from adolescent surveys in China and Bangladesh and parent surveys in Italy and Spain) suggests that depression and anxiety are increased in these groups, but the short- and long-term effects of these increases are not yet known.

Challenges Going Forward

There is so much that is unknown about how children and families will emerge from this pandemic. Physical, mental and emotional health services will be in great demand, and needs will likely be increased. We cannot forget mental and emotional health as threats to physical health from COVID-19 decline.

Family & Community Context

This category generally catches indicators around family structure, including for children who are in state custody or who are particularly vulnerable to entering state custody. This is another area without much data to assess what is happening during the pandemic, but the data that is available indicates reasons for concern. Certainly the financial and emotional stressors put on families by COVID-19 make abuse and neglect more likely.

The Tennessee Department of Children's Services tracks child abuse Hotline calls which typically rise and fall with some regularity. Data indicates a 6 percent decline in calls from January- March 2020 in comparison to calls from the same months in 2019. During the COVID-19 outbreak from April-June 2020, there was a 27 percent decrease in child abuse reports to the Hotline in comparison to the same timeframe in 2019. Although April and May 2020 had significantly lower reports called to DCS, June 2020 reports increased compared to the same month in 2019. The reports of abuse typically come from law enforcement (21 percent), school (18 percent), family (18 percent), social service agency (16 percent) and medical (13 percent) with a few other categories with smaller percentages.

The percentage of severe abuse investigations has shown an increase by almost 5 percent for January-June 2020 as compared to those months in 2019. Although the overall number of investigations decreased by 2,151 cases in 2020, the percentage of cases with severe abuse allegations increased from 43 to 47 percent.

Tennessee Policy Responses

DCS caseworkers were faced with potential coronavirus exposure and often had to engage with families who were reluctant to allow outsiders into their homes. The early development of protocols for responding to families served DCS frontline staff well and case managers have been able to engage families and continue to make visits and assess safety in a variety of ways. For the initial contact with a family, CPS priority response timeframes were met 94 percent of the time to assess child safety and risk. CPS case managers conducted 95 percent of the mandated follow-up visits during April-June either in person, using the established protocol, or virtually when precautions were necessary. Emergency petitions were also filed with the juvenile courts to ensure children were protected when necessary. Virtual court hearings occurred when there were issues directly related to immediate protection, intervention and child safety concerns.



The monthly compliance goal for parent/child visitation for custodial children was established at 50 percent when the Department was under the Brian A Settlement Agreement and currently remains as a standard for federal compliance reviews. The goal recognizes the complexities of completing parent/child visits under numerous circumstances which may include parents refusing to be engaged in reunification planning, incarceration, whereabouts unknown, etc. Not only has visitation not stalled during the COVID crisis, it has continued in the upper threshold of compliance.

The Administrative Office of the Courts keeps track of [approved plans for court services](#) in jurisdictions across the state during COVID-19. These plans were submitted to the Tennessee Supreme Court for approval.

Tennessee's Family and Community Context Situation

Tennessee families are facing unprecedented pressure during this pandemic. Many questions about the state of families will not be answered for years. Will the pandemic bring families closer or drive them apart? Will marriages strengthen or weaken? Will young adults continue to live with their parents in increased numbers once the pandemic is over? How will student behavior change when school returns to normal? Will school discipline change? These are questions that cannot be answered yet. None of the Census pulse data touched on these issues, and little is known of where families are headed after this crisis.

Metro Nashville police data shows that [juvenile crime is down](#) by 30 percent in 2020 compared to 2019, including a nearly 60 percent drop in violent felonies. This tracks with predictions of juvenile justice experts, who say that teens are more likely to commit crime in groups and that lack of interaction with peers would likely reduce these opportunities.

Tennessee was in the midst of implementing sweeping Juvenile Justice reform when COVID-19 hit. This implementation has stalled during the crisis, but the implementation team will return to its work when the pandemic has passed. Much of the focus of this reform was on reducing disparities. Protests around racial equity in policing have continued during the pandemic, and the topic has remained at the top of policy discussions. In August, Nashville Mayor John Cooper announced a [Policing Policy Commission](#) to review police use of force and make recommendations. Nationally, the [Youth Sentencing Project points out health dangers](#) from COVID-19 to incarcerated youth and suggests limiting incarceration. Meanwhile, an [Annie E. Casey Foundation report](#) released in September suggested that juvenile incarceration—and disparities in incarceration—are back on the rise after initial drops during COVID-19.

Challenges Going Forward

Family structure, abuse and neglect and juvenile justice are among the issues that are very hard to predict in a post-COVID world. The country as a whole, and Tennessee specifically, were enacting juvenile justice reforms and addressing disparities in the system prior to the pandemic. Relaunching this work and ensuring that it continues will be an important focus post-pandemic.



Policy Recommendations

The state budget is the instrument we use to plan for the future, and it reflects our shared priorities. Over the past two decades Tennessee has established public-private and state-local partnerships to implement essential “infrastructure” services for children and families. These basic public supports developed in our child welfare, education, health, human services, juvenile justice, mental health, disability and home- and community-based services systems are interrelated; therefore weakening public structure resources in one system erodes the strength of the foundation in all systems. By improving health and educational opportunities and reducing child abuse and involvement with child welfare and juvenile justice systems, these services and supports provide children with opportunities to thrive, become productive citizens, remain with their families, succeed in school and become part of Tennessee’s economic engine of the future.

Over the past two generations, elected leaders in Tennessee wisely established substantial Rainy Day and TennCare Reserve funds, not only to restore and maintain the state’s AAA bond rating, but also to prepare for unforeseen “black swan” events such as the COVID-19 pandemic. In response to the Great Recession, Tennessee used its healthy reserves to maintain basic services and supports, to continue providing children with opportunities to thrive and become productive citizens until the economic turmoil subsided. These state reserves should be used to maintain services once again. Projections indicate it will likely be several years before the health and economic fallout from the COVID-19 pandemic is behind us, reducing the current challenges faced in making budget decisions. Legislators over the last twenty years have made critical decisions, taking difficult votes, conserving scarce tax dollars to extend Tennessee’s current prosperity to future generations. To honor

their careful planning, we must be diligent in identifying ways to maintain the services and supports they created and protected.

Our legacy cannot be one of dismantling public-private and state-local partnerships supporting the infrastructure of services for children and families in Tennessee. Many endangered partnerships provide essential services and supports to help children be healthy and supported in their homes, families and communities. Many providers of these essential services are small, non-profit and not-for-profit organizations without the financial wherewithal to access emergency Paycheck Protection Act funding or withstand an event such as the COVID-19 outbreak. If infrastructure services and resources are not maintained and these providers do not survive, our system of supports for child and family services will crumble and the results will hamper the success today's children and youth enjoy throughout their lives.

The future of Tennessee depends on its ability to foster the health and well-being of the next generation. Appropriately supported children are the bedrock of a prosperous and sustainable Volunteer State. Sound policies have been instrumental in improving outcomes for Tennessee children, and adequate services and supports are essential to ensure our children are healthy and educated for success in the workforce of tomorrow.

Early Childhood

Maintaining current evidence-based home visiting services is essential. Eighty-five percent of brain volume is developed in the first three years of life, making infancy and early childhood the most important periods of development. Care and resources available in the first three years of life impact health and well-being in adulthood.

Working families need access to affordable, quality childcare to be reliable employees. Quality childcare also provides important opportunities for children to develop the cognitive, social and emotional competencies needed to succeed in school. Childcare is key to our economic recovery. Research shows that Tennessee may lose 44 percent of its total childcare slots because of the pandemic, reducing families' capacity to work. Tennessee has several childcare deserts, and COVID-19 will increase the number of childcare closures further challenging availability.

Early childhood education is a wise public investment with a solid return of \$7 for every \$1 spent. Tennessee must continue to support quality pre-K classrooms and services. Tennessee continues to improve the quality of pre-K classrooms, though the state currently serves less than 40 percent of prioritized children. We must not lose any existing access to high quality pre-K and expanding access must remain a priority.

K-12 Education



Tennessee should maintain supportive school climates and appropriate mental health and substance abuse services in the schools. Research indicates 20 percent of students have mental health issues significant enough to cause impairment to major life functions. Recent challenges with COVID-19-related school closures will increase the need for mental health support. During the pandemic, mental illness, substance abuse, domestic violence and likely child abuse have seen an uptick, meaning school mental health services will be more vital than ever when school reconvenes. Though the proposed mental health trust fund was removed from the budget with other COVID-19 cuts, it is important that funds for the infrastructure required to have a school-based mental health liaison in every county remains.

Family Resource Centers (FRCs) are important state/local, often public-private, partnerships working to improve opportunity and achievement among at-risk students and their families. These families will be at increased risk of poor outcomes after the challenges of COVID-19, and FRCs offer a point of contact to evaluate needs and provide services. The state funds 102 FRCs in 78 of its 142 school districts. We cannot afford to lose any of these FRCs.

Tennessee should maintain funding for Coordinated School Health (CSH) and for school nurses. Coordinated School Health (CSH) is instrumental in improving student physical activity, promoting good health for students and staff and improving school climate. Nurses are also needed on site to care for increasing numbers of children with complex health needs. The stress on families and children related to COVID-19 school and program closures will further increase the need for health and mental health services in schools.

Tennessee must maintain funding for out of school programming, which many families rely on to provide a safe, educational space for their children while they work. Afterschool and summer programs will likely require increased support as we emerge from COVID-19

activity restrictions. Like child care, maintaining this infrastructure is key to Tennessee's economic recovery and must be a priority.

Child Welfare

Tennessee should maintain placement resources at all levels of care. The current availability of placement resources is likely inadequate to safely reduce custody numbers. Among other factors, the Department of Children's Services (DCS) must have placement resources available to move children out of higher levels and into lower levels of care. Eliminating current placement resources will cause youth to remain in placement longer than needed or cause youth to be released prematurely.

Congregate care facilities for adults such as nursing homes and prisons have proven highly susceptible to outbreaks of COVID 19, and children's facilities are not immune as evidenced by the spike in cases at a youth program in Memphis. Tennessee must move toward meeting the goals of the Families First Prevention Act and the Juvenile Justice Reform Act and reduce the number of children placed in youth development centers and other congregate care facilities. This will help ensure their safety in the current pandemic as well as improve their chances for long-term success by reducing time in non-family placements.

School closures and stay-at-home orders put families under increased stress. Family stress, particularly economic hardship, increases the likelihood of abuse. Since fewer outside reporters like teachers and extended family members currently have contact with children, reported instances of abuse will likely increase when children return to school and childcare. DCS resources for this expected increase must be in place. Children who have been enduring abusive conditions will need immediate services and cannot be left in unsafe situations due to a lack of resources to investigate the expected surge in reported instances of abuse.

Juvenile Justice

Tennessee has recently acknowledged the need to improve our juvenile justice system in many ways, including passage of the Tennessee Juvenile Justice Reform Act of 2018 and appropriation of funds to implement the legislation. Training judges, juvenile court staff, law enforcement, DCS staff and schools on provisions of the Juvenile Justice Reform Act, having adequate staff to administer validated risks and needs assessments in juvenile courts across the state and ensuring availability of evidence-based community alternatives to detention are necessary to successfully implement this legislation. Development of a consistent data system in juvenile courts across the state is also necessary to measure implementation progress.

We cannot afford to further damage an already damaged juvenile justice system by reducing current funding levels for the implementation of necessary, legislated reforms.

Reductions now will only cause increased spending needs in the future as an inconsistent and inadequate system continues to push justice-involved youth away from productive futures.

Transition-Age Youth

Tennessee should maintain funding and other resources for youth in state custody who age out of the child welfare and juvenile justice systems and want to further their education. Extension of Foster Care (EFC) services assist young people who age out of state custody in completing their high school diploma, GED or High School Equivalency Test, and post-secondary education. These young people are no longer in state custody, but voluntarily agree to remain under juvenile court supervision, continuing to receive needed services from DCS, while completing their education. Many of these youth were required to leave dormitories during the pandemic, but, because they had developed and maintained relationships with caring adults while aging out of state custody, were able to find shelter with former foster parents. The services provided to these young people and the relationships they foster are vital for these youths' future success.



Only about 40 percent of qualified transitioning youth take advantage of EFC services, and those without access to such supports may need additional resources. Limited social contact, loss of employment and recession will hit these already extremely vulnerable youth especially hard. As a group, youth who transition from state custody to adult responsibility without a support system in place fare poorly. The stressors and economic hardship created by the COVID-19 pandemic will only exacerbate existing challenges.

Mental Health and Substance Abuse Services

According to the American Medical Association, most children and adolescents are generally healthy and do not require much medical intervention aside from routine checkups and immunizations, but addressing mental health in this population is a priority to ensure needs are identified early and treated appropriately during the important

developmental years. Untreated mental health concerns beginning in childhood or adolescence can lead to ongoing health and social problems into adulthood. The intersection of the COVID-19 public health crisis, the need for social isolation and the economic downturn may worsen existing mental health concerns and create need for identifying and addressing new issues as they arise during this time. Schools have historically served as the main conduit for mental health services for many children and adolescents, but those services are now unavailable for easy access. Innovative accessibility methods and resources must be made available for children, adolescents and their families to address mental health needs during this critical period.